STATE OF MARYLAND—CERTIFICATE OF DEATH

11862

1. PLACE OF DEATH (92d)

County Somerset Registration Dist. No. 260

Village or City Eden No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Mary Alice Banks If U. S. Veteran, specify WAR

(a) Residence: No. Eden Md. R2 St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Widowed~~

6. DATE OF BIRTH (month, day, and year) 8-30-1862

7. AGE: 78 Years, 2 Months, 21 Days; If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. None

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) Allen Md (State or country) Wicomico County

FATHER

13. NAME Geary Fairfax Brington

14. BIRTHPLACE (city or town) Wan (State or country) Md.

MOTHER

15. MAIDEN NAME Martha Pollitt

16. BIRTHPLACE (city or town) Trudland (State or country) Maryland

17. INFORMANT Dorothy Ann Banks (Address) Allen Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Allen Md. Date 11-24, 1940

19. UNDERTAKER William James [illegible] (Address) Princess Anne Md.

20. FILED Nov. 24, 1940 J Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov 21, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from 1938, 1940, to Nov 21, 1940

I last saw her alive on July 15, 1940, death is said to have occurred on the date stated above, at 9:30 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic valvular heart disease	1938

Other Contributory Causes of Importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ___

(Signed) J Rummels M. D.

(Address) Salisbury, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED DEC 5 1940

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11863

Reg. Dist. No. 461

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Prince Geo.
City or town Westover R D md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Summit
City or town New Westover Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME Barnes

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	White	Single & Mth Employer

6 (b) Name of husband or wife mrs
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 2 Born Nov 23-40

8. AGE: Years | Months | Days | If less than one day ____hrs. ____min.

9. Birthplace Summit. Co New Westover Md
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER 12. Name Glen Barnes
13. Birthplace Md.

MOTHER 14. Maiden name Dorothy Moore
15. Birthplace Md

16. Informant Glen Barnes
Address Westover Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 23 1940 (month) (day) (year)
Cemetery or crematory Home burying lot
Location Westover Md

18. Funeral director Glen Barnes
Address Westover Md

19. 11/23 1940 Aurelia B. Lawson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 23 · 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19, and that I last saw h alive on 19.

Immediate cause of death 8 months cleft. and comp — DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE George C. Coulbourn M.D.
M. D. or other
Address Mason Md Date signed Nov 25 1940

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DEC 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-C)

CERTIFICATE OF DEATH

11864

Reg. Dist. No. 460

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Somerset
City or town Princess Anne, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Somerset
City or town Princess Anne Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Maud Bennett

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

B (b) Name of husband or wife George Bennett
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) January 5, 1879

8. AGE: Years	Months	Days	If less than one day
61	11	22	____ hrs. ____ min.

9. Birthplace Crisfield, Maryland (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Charles Daugherty
13. Birthplace Crisfield, Md.
MOTHER 14. Maiden name Margaret Dize
15. Birthplace Crisfield, Md.
16. Informant Mrs Roscoe Bozman
Address Princess Anne Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 28, 1940 (month) (day) (year)
Cemetery or crematory Episcopal Cemetery
Location Princess Anne, Md.
18. Funeral director Dale Dashiell
Address Princess Anne Md.
19. Nov 28 1940 (Date rec'd by Registrar) 19 ____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 27 1940, at 12.00 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1935, to Nov 27 1940, and that I last saw him alive on Nov 26 1940.

	DURATION
Immediate cause of death Cerebral Hemorrhage	13 hrs
Due to Chronic Nephritis	5 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Murphy Lankford M D M. D. or other
Address Princess Anne Md Date signed 11/28/40

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DEC 5 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11865

CERTIFICATE OF DEATH

Reg. Dist. No. 268

1. PLACE OF DEATH:

County: Somerset

City or town: Chance
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 17 days

Hospital, institution, or street address where death occurred: Chance, Maryland — home

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Chance
(If outside city or town limits, write RURAL and give nearest town)

Street No. —
(If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME Rosalie Bivans

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Negro	Single

6.(b) Name of husband or wife —

October 17, 1940 6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Years	Months	Days	If less than one day
0	0	17	..... hrs. ..... min.

9. Birthplace: Chance, Maryland
(Town, county, and state)

10. Usual occupation: Infant

11. Industry or business

FATHER
12. Name: Carter Bivans
13. Birthplace: Chance

MOTHER
14. Maiden name: Grace Price
15. Birthplace: Chance

16. Informant: Grace Price Bivans — Mother

Address: Chance, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: November 4, 1940 (month) (day) (year)

Cemetery or crematory: Chance

Location: Chance

18. Funeral director: Mr. Fred Webster

Address: Deal Island

19. November 4 1940 (Date rec'd by registrar) Rosa Webster Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 4 1940, at 4:00 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 30 1940, to November 3 1940 and that I last saw her alive on ~~October 29~~ November 3 1940

Immediate cause of death: Influenza

Due to

Due to

Other conditions: None

(Include pregnancy within 3 months of death)

Major findings of operations: None

Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

DURATION

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: William J Resnick, MD
M. D. or other

Address: Deal Island, Maryland Date signed: Nov. 4, 1940

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DEC 6 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11866

Reg. Dist. No. 270

OUTSIDE CORPORATE LIMITS OF

(M) (I)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Somerset
City or town: Crisfield Md. R.F.D.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? All of her Life
Hospital, Institution, or street address where death occurred: Home
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Abbey E. Bozmon

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: John T. Bozmon
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Sept 22, 1876

8. AGE:

Years	Months	Days	If less than one day
64	1	27	..... hrs. ..... min.

9. Birthplace: Crisfield, Md R.F.D.
(town, county, and state)
10. Usual occupation: Housewife
11. Industry or business

FATHER
12. Name: Wm P. Sterling
13. Birthplace: Md.

MOTHER
14. Maiden name: Lanie E. Sterling
15. Birthplace: Md.

16. Informant: John W. Bozmon
Address: Crisfield, Md. R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 22. 1940 (month) (day) (year)
Cemetery or crematory: Asbury Cemetery
Location: Crisfield Md. R.F.D.
18. Funeral director: L. S. Lawson
Address: Crisfield, Md.

19. Nov. 24, 1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 19th 19..... at ..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Did not attend 19.... to 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Cerebral hemmorrhage	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: C. J. Bozman
M. D. or other
Address: Crisfield Md Date signed 11-20-40

RECEIVED
DEC 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

OUTSIDE CORPORATE LIMITS OF 2411 N. Charles St., Baltimore 1702

CERTIFICATE OF DEATH

11867

Reg. Dist. No. 270

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Somerset

City or town Crisfield

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: McCready memorial Hospital

Stay in hospital or insl. (yrs., or mos., or days) 1½ days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Pocomoke city Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 407 walnut st

(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Clayton Carey Jr

3. (b) Social Security Number 214-18-4303

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Single

B (b) Name of husband or wife ✓

6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) August 11, 1923

8. AGE:

Years	Months	Days	If less than one day
17	3	12	hrs. min.

9. Birthplace Berlin, Worcester, md (Town, county, and state)

10. Usual occupation Operator of gas station

11. Industry or business

FATHER 12. Name Clayton Carey Sr

13. Birthplace md

MOTHER 14. Maiden name Sarah J. watson

15. Birthplace md

16. Informant John Carey

Address Pocomoke City, md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 25, 1940 (month) (day) (year)

Cemetery or crematory Goodwill Cemetery

Location Near Pocomoke city

18. Funeral director Margaretta H. watson

Address Pocomoke city, md

19. Nov. 24, 1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 23 1940, at 10 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 21 1940, to Nov 23 1940 and that I last saw him alive on Nov 23 1940

Immediate cause of death	DURATION
Fractured Skull	
Due to	
Due to Automobile accident	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Of autopsy

William H. Coulbourn, M. D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of Nov 21-40

Where did injury occur? Kingston (City or town) Somerset (County) md (State)

Injured at home, farm, industry, public place (where?) Highway

Means of injury Automobile Injured at work?

23. SIGNATURE W. H. Coulbourn M.D. M. D. or other

Address Crisfield Md Date signed Nov 24/40

RECEIVED
DEC 4 1940
BUREAU V. S.

OUTSIDE CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(120-b)

11868

CERTIFICATE OF DEATH

Reg. Dist. No. 270

1. PLACE OF DEATH:

County: Somerset

City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: McCready Memorial Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Broadway
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Ruth Crockett

3.(b) Social Security Number: None

4. Sex: F

5. Color or race: W

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Carry Crockett

6.(c) If alive, give age: ? years

7. Birth date of deceased (mo., day, yr.): Jan 12 1890

8. AGE: Years: 50 Months: 8 Days: 27 If less than one day: hrs. min.

9. Birthplace: Tangier Accomac Va.
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business

FATHER
12. Name: John Crockett
13. Birthplace: Tangier Va

MOTHER
14. Maiden name: Minnie Crockett
15. Birthplace: Tangier Va

16. Informant: Burton Crockett
Address: Crisfield Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 12 1940 (month) (day) (year)

Cemetery or crematory: Tangier Cem

Location: Tangier Va

18. Funeral director: John A Bradshaw
Address: Crisfield Md

19. Nov. 9, 1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 8 1940, at 12 noon M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 3 1940, to Nov. 8 1940 and that I last saw her alive on Nov. 8 1940

Immediate cause of death: Peritonitis - Intestinal Hemorrhage Not due to cancer. DURATION

Due to: See Autopsy findings. Specimen at University of Maryland for path.

Due to: ological diagnosis: suggestive of amoebic dysentery, but no amoebae were found.

Other conditions: Intestinal ulcers and perforations.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results: Many large perforations in sigmoid & rectum

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: S. M. Peyton M. D. or other

Address: Crisfield, Md Date signed: Nov. 8, 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(T)

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DEC 4 1940
BUREAU V. S.

OUTSIDE CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

11869

CERTIFICATE OF DEATH

Reg. Dist. No. 270

1. PLACE OF DEATH: Crisfield, Md. RFD.

County City

City or town County Somerset

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 years

Hospital, institution, or street address where death occurred:

At home Crisfield, Md. RFD

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Som.

City or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Ferdinand Dameron

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Addie F. Dameron

6.(c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) 3/25/60

8. AGE: Years	Months	Days	If less than one day
80	7	10	hrs. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual occupation Waterman

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden name Unkonown
15. Birthplace "

16. Informant Damon Dameron

Address Crisfield, Md. RFD.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/6/40 (month) (day) (year)

Cemetery or crematory Family Buring Lot

Location Crisfield, Md. RFD

18. Funeral director I. S. Lawson, (K)

Address Crisfield, Md.

19. Nov. 5, 1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 5 1940, at 2 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1 1940, to Nov. 5 1940 and that I last saw him alive on Nov. 5 1940

Immediate cause of death Cardio-vascular renal disease

Due to acute dilatation of heart

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations —

Date of op.

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE Chas. P. Schwattka M. D. or other

Address Date signed

VS A15 (T) (I) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 4 1940
BUREAU V. S.

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH

11870

Reg. Diat. No. 263

1. PLACE OF DEATH:

County: Somerset

City or town: Crisfield

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 mo

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Crisfield

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Patricia lee Daugherty

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): July ~~20~~ 30 1940

8. AGE: Years	Months	Days	If less than one day
	3	9	..... hrs. ..... min.

9. Birthplace: Crisfield Somerset Md

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name: Reginald Lee Daugherty

13. Birthplace: Crisfield

MOTHER 14. Maiden name: Norma Lee Ward

15. Birthplace: Crisfield

16. Informant: Reginald Lee Daugherty

Address: Crisfield Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 10 1940 (month) (day) (year)

Cemetery or crematory: Crisfield Cem

Location: Crisfield Md

18. Funeral director: John A Bradshaw

Address: Crisfield Md

19. Nov 8 1940 (Date rec'd by registrar) C E Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 8 1940, at 4-30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Was called to see deceased, 9 P.M., Child	
Due to: died 4-30 A M	
Due to: Bronchial Pneumonia	3 days.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: C E Collins M. D. or other

Address: Crisfield Md Date signed 11-8-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
DEC 4 1940
BUREAU V. S.

OUTSIDE CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131-a

11871

CERTIFICATE OF DEATH

Reg. Dist. No. 270

1. PLACE OF DEATH:

County Somerset

City or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: McCready Memorial Hospital

How long in hospital or institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Henry Davis

3. (b) Social Security Number ?

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	C	?

6.(b) Name of husband or wife ?

6.(c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE:

Years	Months	Days	If less than one day
?	?	?	hrs. min.

9. Birthplace Unknown
(Town, county, and state)

10. Usual occupation Farm Work

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden name Unknown
15. Birthplace "

16. Informant McCready Memorial Hospital
Address Crisfield, Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Nov. 16 1940
(month) (day) (year)

Cemetery or crematory Asbury Cem.

Location Crisfield, Md

18. Funeral director John A Bradshaw
Address Crisfield Md.

19. Nov. 16, 1940 C. E. Collins
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 16 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 10 1940, to Nov 16 1940

and that I last saw h— alive on Nov 16 1940

Immediate cause of death Acute [illegible]

	DURATION
Due to Bronchitis Chronic	6 days
Due to Generalized Arteriosclerosis	
Other conditions [illegible]	

(Include pregnancy within 3 months of death)

Major findings of operations —

Date of op.

Autopsy results no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George C Coulbourn M D
M. D. or other

Address Marion Sta Md Date signed Nov 16 40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93d)

Reg. Dist. No. 268

11872

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Somerset
(b) City or town Deals Island Md
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Somerset
(c) City or town Deals Island
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) ~~If foreign born, how long in~~ U. S. A.? about 75 years

3 (a) FULL NAME Alexander Gibson

3 (b) If veteran, name war No

3 (c) Social Security No. yes

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Widower

6 (b) ~~Name of husband or wife~~ Deceased

6. (c) If alive, give age [illegible] years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 75 Months Days Years If less than one day hr. min.

9. Birthplace Deals Island
(Town, county, and state)

10. Usual occupation Labor

11. Industry or business

FATHER
12. Name Henry Gibson
13. Birthplace Deals Island

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant John Somers
(b) Address Deals Island

17 (a) Deals Island (Burial, cremation, or removal) (b) Date thereof Nov. 21-40 (month) (day) (year)
(c) Cemetery or crematory Deals Island
Location Deals Island

18 (a) Funeral director [illegible]
(b) Address Deals Island

19 (a) Nov 20/40 (Date rec'd by registrar) (b) Rora Webster Registrar

MEDICAL CERTIFICATION

20. Date of death Nov 18 1940 at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from October 16 1940, to November 18 1940, and that I last saw him alive on November 17 1940.

Immediate cause of death Arteriosclerotic heart disease — Duration 2 years

Due to

Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J Resnick, M. D.
M. D. or other
Address Deal Island, Md Date signed Nov 19, 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11873

Reg. Dist. No. 2-60

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Somerset
City or town Mt Vernon R.F.D #2
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Somerset
City or town Alms Home Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Edmund G. Grondhan

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	white	Single

6 (b) Name of husband or wife unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 26, 1862

8. AGE: Years 78 | Months 9 | Days 6 | If less than one day hrs. min.

9. Birthplace England near London
(Town, county, and state)

10. Usual occupation Waterman

11. Industry or business On freight boat

FATHER 12. Name unknown
13. Birthplace

MOTHER 14. Maiden name unknown
15. Birthplace

16. Informant Mrs. Russel Bozman
Address Princess Anne Md.

17. Burial Date thereof Nov 2 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Episcopal Cemetery
Location Princess Anne Md

18. Funeral director Dale Dashiell
Address Princess Anne Md.

19. 11/2 1940 J. Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 2nd 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
19, to 19,
and that I last saw h alive on 19
Immediate cause of death Cerebral Hemorrhage DURATION

Due to Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. Smith M. D. or other
Address P. Mann M.D. Date signed 11-2-40

RECEIVED
DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131a)

Reg. Dist. No. 268

11874

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Deals Island

(b) City or town Deals Island (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) Wife

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Somerset

(c) City or town Deal Island Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James M Graham

3 (b) If veteran, name war —

3 (c) Social Security No. No

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Kate Graham

6. (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years 71 | Months — | Days — | If less than one day ___ hr. ___ min.

9. Birthplace Deals Island (Town, county, and state)

10. Usual occupation Seafood Packer

11. Industry or business Seafood

FATHER 12. Name John T Graham

13. Birthplace Deals Island Md

MOTHER 14. Maiden Name Nancy Webster

15. Birthplace Deals Island

16 (a) Informant Kate Webster

(b) Address Deals Island

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 1st/40 (month) (day) (year)

(c) Cemetery or crematory Deals Island

Location

18 (a) Funeral director [illegible] Webster

(b) Address Deals Island

19 (a) Nov 30/40 (Date rec'd by registrar) (b) Rora Wehter Registrar

MEDICAL CERTIFICATION

20. Date of death November 29 1940, at 7:00 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 5 1940, to November 29 1940, and that I last saw him alive on November 29 1940.

Immediate cause of death Hypertensive Cardio-vascular renal disease — Duration 3 years

Due to

Due to

Other conditions None

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature William J Resnick, M.D. M. D. or other

Address Deal Island, Md Date signed Nov 29, 1940

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 6 1940
BUREAU U. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157-2)

CERTIFICATE OF DEATH

11875

Reg. Diat. No. 260

1. PLACE OF DEATH:
County Somerset
City or town Princess Anne md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Som
City or town Princess Anne Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Elsie Mae Handy

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	Col	M

6 (b) Name of husband or wife ✓
6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Nov. 2, 1940

8. AGE:

Years	Months	Days	If less than one day
		2	24 hrs. min.

9. Birthplace Princess Anne md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Percy T. Walston
13. Birthplace Somerset Co. Md

MOTHER 14. Maiden name Elsie Mae Handy
15. Birthplace Crisfield Pa.

16. Informant Doctors
Address Princess Anne md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/4-40 (month) (day) (year)
Cemetery or crematory Princess Anne md
Location

18. Funeral director Percy Walston (Doctors)
Address Princess Anne md

19. 11/4 (Date rec'd by registrar) 1940 G Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/4 1940, at 2 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__

Immediate cause of death He died in allged agree to Cont gen Dyspinia Cause of death Ruptured ectopic Gestation — DURATION

Due to Some trouble in fallop Cesendation

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE G Smith (Asst in attendance) M. D. or other
Address Princess Anne md Date signed 11/4-40

RECEIVED
DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11876

Reg. Dist. No. 270

OUTSIDE CORPORATE LIMITS OF

83-a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Somerset

City or town: Hopewell Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 68 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Somerset

City or town: Hopewell

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME William Little Johnson

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Negro	Married

6.(b) Name of husband or wife: Malissa Johnson

6.(c) If alive, give age: 69 years

7. Birth date of deceased (mo., day, yr.): Nov. 23, 1871

8. AGE:

Years	Months	Days	If less than one day
68	11	18	....hrs. ....min.

9. Birthplace: Hopewell Md (Town, county, and state)

10. Usual occupation: Farmer & oyster opener

11. Industry or business: Farming & Oyster packing

FATHER

12. Name: Levin Johnson

13. Birthplace: Fairmount Md

MOTHER

14. Maiden name: Harriett Sterling

15. Birthplace: Fairmount, Md

16. Informant: Rachel Jones

Address: Hopewell, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 14. 1940 (month) (day) (year)

Cemetery or crematory: Hopewell

Location: Hopewell Md

18. Funeral director: Silas H Ward

Address: Marion Md

19. 11/13 1940 (Date rec'd by registrar) Aurelia B. Lawson Deputy Registrar

C. E. Collins

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 11 1940, at 9 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 24 1940 to 11/11 1940 and that I last saw h.. alive on Nov. 10 1940.

	DURATION
Immediate cause of death: Paralysis of left side of body & Cerebral Hemorrhage	10/24/40
Due to:	10/24/40
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: W. F. Barkley M. D. M. D. or other

Address: Crisfield, Md Date signed: 11/11/40

RECEIVED
DEC 4 1940
U. S. GOVT. V. 8.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (33-a)

11877

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH:

County: Somerset

City or town: Marion
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 43 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Somerset

City or town: Marion Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Sherman Jones

3. (b) Social Security Number: 216-07-7013

4. Sex: Male

5. Color or race: colored

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Stella Jones

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): July 26 1897

8. AGE: Years 43 | Months 4 | Days 27 | If less than one day ____ hrs. ____ min.

9. Birthplace: Marion Somerset co Md
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER
12. Name: James Jones
13. Birthplace: Marion Somerset co Md

MOTHER
14. Maiden name: Annie Steward
15. Birthplace: Somerset County

16. Informant: Stella Jones

Address: Marion, Md., R.F.D. 2, Box 13

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 24 1940 (month) (day) (year)

Cemetery or crematory: Branch

Location: Marion Md

18. Funeral director: Chas H. Ward

Address: Marion Md

19. 11/23 1940 (Date rec'd by registrar) Aurelia B. Lawson, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 22 1940, at 3 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 12 1940, to Nov 22 1940, and that I last saw h— alive on Nov 21 1940.

Immediate cause of death: Acute Dis of Heart — DURATION: 24 hrs

Due to: Acute Cerebrospinal Meningitis — 2 wks

Due to: Bronchial Pneumonia Influenza

Other conditions

(Include pregnancy within 3 months of death)

Major findings: —

Of operations: —

Of autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: —

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: George C. Carlson M.D. M. D. or other

Address: Marion Md Date signed: Nov 22 40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DEC 3 1940
BUREAU V. S.

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 106(a)

CERTIFICATE OF DEATH

11878

Reg. Dist. No. 265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 83 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Katherine J Laird

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Widowed

6.(b) Name of husband or wife: Alfred T Laird
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): March 12 1857

8. AGE: Years	Months	Days	If less than one day
83	9	9	..... hrs. ..... min.

9. Birthplace: Crisfield Somerset Maryland
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Isaac Johnson
13. Birthplace: Crisfield Md

MOTHER
14. Maiden name: Liza Daugherty
15. Birthplace: Crisfield Md

16. Informant: Willard Laird
Address: Crisfield Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Nov 22 1940
(month) (day) (year)

Cemetery or crematory: Mariners Cem
Location: Crisfield Md

18. Funeral director: John A Bradshaw
Address: Crisfield Md

19. Nov. 21, 1940
(Date rec'd by registrar)
C. E. Collins
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 20th 1940, at 5:45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 15 1940, to Nov 20 1940, and that I last saw h[illegible] alive on Nov. 20th 1940

Immediate cause of death	DURATION
Acute Bronchitis	
Acute Dilatation of Heart	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: C. I. Somers, M. D. or other
Address: Crisfield Md Date signed: 11/22/40

RECEIVED
DEC 4 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11879

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County: Somerset

City or town: Rural, Allen, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 years

Hospital, Institution, or street address where death occurred: ✓

How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Wicomico

City or town: Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Near Allen
(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3. (a) FULL NAME: Ida Mae Lord

3. (b) Social Security Number: ✓

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife: ✓

6.(c) If alive, give age: ✓ years

7. Birth date of deceased (mo., day, yr.): July 6, 1877

8. AGE: Years: 63 Months: 4 Days: 10 If less than one day: ..... hrs. ..... min.

9. Birthplace: Somerset Co., Md.
(Town, county, and state)

10. Usual occupation: None

11. Industry or business: ✓

FATHER
12. Name: Alphonso H. Lord
13. Birthplace: New Castle Co. Del.

MOTHER
14. Maiden name: Emily J. Dishawon
15. Birthplace: Wicomico Co., Md.

16. Informant: Sarah Lord

Address: Allen, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 11/18/40 (month) (day) (year)

Cemetery or crematory: Allen

Location: Allen, Md.

18. Funeral director: The Hill & Johnson Co.

Address: Salisbury, Md.

19. Nov 18th 1940 (Date rec'd by registrar) T. J. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 16, 1940, at 7 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 16th 1940 Dead on arrival and that I last saw her alive on ..... 19.....

Immediate cause of death: Acute Myocardial Failure

Due to: Angina Pectoris

Due to: .....

Other conditions: .....
(Include pregnancy within 3 months of death)

DURATION: Immediate Death 6 mo.

Major findings of operations: .....

Date of op.: .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of: .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Thos. B. Mulgrew M.D. or other

Address: Princess Anne, Md. Date signed: 11/18/40

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DEC 5 1940
BUREAU V. S.

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 73d

CERTIFICATE OF DEATH

In Somerset 11880

Reg. Dist. No. 265

1. PLACE OF DEATH:

County: Somerset

City or town: Crisfield

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 64-9-14

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Somerset

City or town: Crisfield

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war: Spanish American War

3. (a) FULL NAME: John Elton Moore

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Divorced

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Jan 25 1876

8. AGE: Years	Months	Days	If less than one day
64	9	14	..... hrs. ..... min.

9. Birthplace: Crisfield Somerset Md

(Town, county, and state)

10. Usual occupation: Barber

11. Industry or business

FATHER — 12. Name: William Moore

13. Birthplace: Crisfield Md

MOTHER — 14. Maiden name: Drucilla Sterling

15. Birthplace: Crisfield Md

16. Informant: Mrs Lillie Sterling

Address: Crisfield Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 11 1940 (month) (day) (year)

Cemetery or crematory: Asbury

Location: Crisfield Md

18. Funeral director: John A Bradshaw

Address: Crisfield Md

19. Nov. 10, 1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 9th 1940, at 2.25 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1937 to Nov 9th 1940

and that I last saw h.. alive on Nov 9th 1940

Immediate cause of death	DURATION
Coronary Thrombosis	5 months
Due to Chronic myocarditis	3 years
Due to Broncheal asthma	5 years
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: C. V. Somers M. D. or other

Address: Crisfield, Md Date signed: 11-13-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
DEC 4 1940
BUREAU V. S.

(Dr. Rowan)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

CERTIFICATE OF DEATH

11881

Reg. Diat. No. 265

1. PLACE OF DEATH:
County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 yrs 6 mo.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No. 11. Somerset ave
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME Herman H Trutschel

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6.(b) Name of husband or wife: Julia Doyle Trutschel
6.(c) If alive, give age: Dead years
7. Birth date of deceased (mo., day, yr.): Feb. 21-1850

8. AGE: Years: 90 | Months: 8 | Days: 22 | If less than one day: hrs. min.

9. Birthplace: Germany (Town, county, and state)
10. Usual occupation: Retired 15 years
11. Industry or business: Butcher
12. FATHER Name: Wilhelm Trutschel
13. FATHER Birthplace: Germany
14. MOTHER Maiden name: Unknown
15. MOTHER Birthplace: Germany
16. Informant: Mrs Charles J. Hickey
Address: 11. Somerset ave. Crisfield Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 16-1940 (month) (day) (year)
Cemetery or crematory: Baltimore Cemetery
Location: Baltimore Md
18. Funeral director: Edward J. Fanning & Son
Address: 1938 E. Lafayette ave. Balto. Md
19. Nov. 15 1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 14. 1940 (5a)
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1939 to Nov 10 1940
and that I last saw him alive on Nov 9 1940

	DURATION
Immediate cause of death: Carcinoma of tongue metastasis	2 1/2 yrs
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: C. I. Somers M. D. or other
Address: Crisfield, Md. Date signed: Nov 14 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

NOV 22 1940

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH

11882

Reg. Dist. No. 265

1. PLACE OF DEATH:
County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? ?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Victoria Ward

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	Col	Single

6.(b) Name of husband or wife
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): June 18 1940

8. AGE: Years	Months	Days	If less than one day
	4	24	hrs. min.

9. Birthplace: Crisfield Somerset Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER — 12. Name: Howard Ward
13. Birthplace: Marion Md

MOTHER — 14. Maiden name: Ollie Stewart
15. Birthplace: Marion Md

18. Informant: Howard Ward
Address: Crisfield Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 12 1940 (month) (day) (year)
Cemetery or crematory: Weymans Cem.
Location: Marion Md

18. Funeral director: John A Bradshaw
Address: Crisfield Md

19. Nov. 11, 1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Crisfield Md Nov. 11 1940 at 4:00 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 2nd 1940 to Nov 10th 1940 and that I last saw h.e.r. alive on Nov 11th 1940

Immediate cause of death	DURATION
Colitis	4 days
Bronchial Pneumonia	9 hours
Due to	
Due to	
Other conditions: umbilical hernia	birth

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: C. L. Somers M. D. or other
Address: Crisfield Md Date signed 11-13-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 4 1940
U. S. DEPT. OF AGR.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (158)

CERTIFICATE OF DEATH

11883

Reg. Dist. No. 262

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Somerset
City or town: Tinley's Chapel (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED
(For newborn infants give residence of mother)
State: Maryland County: Somerset
City or town: Pocomoke City, Pk 1 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Baby Williams

3. (b) Social Security Number

4. Sex: Male

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced

B (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): [redacted] 40

8. AGE: Years | Months | Days | If less than one day: 3 hrs. ____ min.

9. Birthplace: Pocomoke City, Md Pk 1 (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name: Frank Williams
13. Birthplace: Mapsville, Va

MOTHER
14. Maiden name: Flossie Brisco
15. Birthplace: Eastville, Va.

16. Informant: Maggie L. Smith
Address: Westover, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 29 40 (month) (day) (year)
Cemetery or crematory: Tinley's Chapel Cemetery
Location: Pocomoke City Md Pk

18. Funeral director: Jessie Cottingham
Address: Pocomoke City Md Pk 1

19. Nov 29 19 40 (Date rec'd by registrar) Mrs Clayton Davis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 29 1940, at 2a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death ____ DURATION

Due to Weakness at Birth

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Mrs Clayton Davis M. D. or other
Address: Pocomoke City Md Date signed 11/29/40

RECEIVED
DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (119-a)

11884

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset

City or town Hen Br Cum Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Maurice William Woolford

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Col	Single ✓

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 6 1940

8. AGE: Years	Months	Days	If less than one day
	2	25	hrs. min.

9. Birthplace Princess Anne (Town, county, and state)

10. Usual occupation ✓

11. Industry or business ✓

FATHER

12. Name Maurice Woolford

13. Birthplace Venton, Som. Co. Md.

MOTHER

14. Maiden name Mary Julia James

15. Birthplace Princess Anne, Md

16. Informant Addie James

Address Princess Anne Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/2 40 (month) (day) (year)

Cemetery or crematory Cumeling

Location Princess Anne Md

18. Funeral director Wm James Son

Address Princess Anne Md

19. 11/2 1940 (Date rec'd by registrar) T J Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 1st 1940, at 8.30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 29 1940, to Nov 1 1940, and that I last saw him alive on Oct 31 1940.

Immediate cause of death Diarrhea

DURATION 1 week

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Eldon G. Marksman M. D. or other

Address Princ Anne, Md. Date signed 11.2.40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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DEC 5 1940
BUREAU V. S.